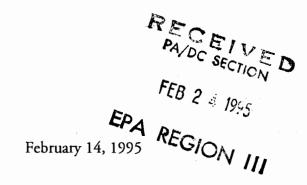


Margaret L. Whitney Environmental Project Manager Construction Department Dept. D824C

Sears Merchandise Group 3333 Beverly Road, A2-165B Hoffman Estates, Illinois 60179 Phone: 708/286-8616 Fax: 708/286- 4531



To Whom it May Concern:

Enclosed is a Notification of Regulated Waste Activity Form for a Sears facility located in Harrisburg, PA. We are in the process of scheduling removal of this waste and would appreciate your prompt attention to this request.

If possible, please call me at 708/286-8618 once the EPA ID Number is issued or send the notification via facsimile to 708/286-4531.

Thank you for your anticipated cooperation. Please call me if you have any questions.

Sincerely,

Margaret L. Whitney

Environmental Project Manager

Form ADD 3 3 MBING 2050 0028 E WIRS 9-30-96

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

United States Environmental Protection Agency

Control of the Contro						
L Installation's EPA ID Number (Mark 'X' in the appropriate box)						
A. First Notification B. Subsequent Notification (Complete Item C)	C. In	stallation':	D D T	121	98	ZN
II. Name of Installation (Include company and specific site name)						
SEARS UNITH1224						
III. Location of Installation (Physical address not P.O. Box or Route Number)						
Street						
4600 JONESTOWN ROA	0					
Street (Continued)						
COLONIAL PARK MALL						
City or Town	State	Zip Cod	le i i i i i i i			
HARRISBURG	PA	17	10	9-		
County Code County Name		War dige	11 S		ing Sagaran. - Diginal	-
043 DAWPHIN						
IV. Installation Mailing Address (See Instructions)						
Street or P.O. Box	i	11.15.14	1.12	19.50	akiri y	*
3333 BEVERLY ROAD						
City or Town	State	Zip Coc	ie			21 1 m 1
HOFFMAN ESTATES	IL	60	17	9 -		
V. Installation Contact (Person to be contacted regarding waste activities at s	ite)					
Name (Last) (First)					147	Tyler Tyler
WAITMEY MAR	GA	RE	7	1		
Job Title Phone Nur	nber (Are	a Code an	d Number)		
ENU PROJECT MGR 708	1-2	86	-18	61	6	
VI. Installation Contact Address (See Instructions)						
A. Contract Address Location Mailing Other B. Street or P.O. Box		ing u		442		
1 3333 BEUERLY	RO	AD				
City or Town	State	Zip Coo	ie	:5*		
HOFFMAN ESTATES	ILL	60	17	9 -		
VII. Ownership (See Instructions)						•
A. Name of installation's Legal Owner						
SEARS ROEBUCK and	00					
Street, P.O. Box, of Route Number		47.7.38			1946	
3333 BEUERLY ROAD	TT					
City or Town	State	Zip Code			<u></u>	
HOFFMAN ESTATES	IL	60	17	9 -		
Phone Number (Area Code and Number) B. Land Type C. Owner	Type D.	Change of I	Owner r	(D Month	ate Chan Day	ged) Year
708-286-8616 P	Ye		No		1	1

			ID - For Offic	ial Use Only			
		.77					
VIII. Type of Regulated Waste Activity	(Mark 'X' in the appropriat	e boxes; Refer to Insti	ructions)				
A. Hazardous	Waste Activity		B. Used Oil	Recycling Activities			
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Waster 5. Other - specify	installation) required for instructions. 4. Hazardous W a. Generator b. Other Mari c. Bollerand/ 1. Smelte 2. Small (Indicate Typ Device(s) 1. Utility 2. industs 3. Industs Underground	/aste Fuel Marketing to Burner keters or Industrial Furnace or Deferral Quantity Exemption pe of Combustion Boller rial Boller rial Furnace i Injection Control	1. Used Oil Fuel Marketer a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) a. Utility Boller b. Industrial Boller c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) a. Process b. Re-refine				
X. Description of Hazardous Wastes (Use additional sheets if ne	ecessary)					
Ignitable 2 Corrosive 3 Reactive (D001) (D002) (D003) B. Listed Hazardous Wastes. (See 40 Co.				ste codes.) 6 12			
C. Other Wastes. (State or other wastes r	3		5	6			
X. Certification							
i certify under penalty of law that this docum system designed to assure that qualified pers or persons who manage the system, or those best of my knowledge and belief, true, accura including the possibility of fine and impriso	sonnel properly gather and e persons directly respons ate, and complete. I am awa	evaluate the informatio lible for gathering the in are that there are signifi	n submitted. Based iformation, the info	fon my inquiry of the person rmation submitted is, to the			
Signature MX Whitney	Name and Offici MALGALE T EAUIRGA/ME	ial Title (Type or pri L. WHITNE NTAL PROJE	19	Date Signed 2/14/95			
XI. Comments	Section Section and Section Se			1000 1000 1000 1000 1000			
RR 3/2/95 HST 3-6-95							
Note: Mail completed form to the appropriat	te EPA Regional or State (Office. (See Section III	of the booklet for a	addresses.)			



ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PARU000000584

03/06/95

SEARS UNIT #1224
3333 HEVERLY RD
HOFFMAN ESTATES / IL 60179
MARGARET L WHITNEY ENV FRO MGR

INSTALLATION ADDRESS

4600 JONESTOWN RE HARRISEURG PA 17109

EPA Form 8700-12A (6-90)